



IOWA DEPARTMENT OF PUBLIC HEALTH
Office of Medical Cannabidiol

For the most current information regarding this application, medical cannabidiol laws in the state of Iowa and more, see the official website:
<https://idph.iowa.gov/cbd>

MEDICAL CANNABIDIOL REGISTRATION CARD - HEALTH CARE PRACTITIONER

Opt In Form

Opt in Statement: *I hereby authorize the Iowa Department of Public Health to release my name and practice address to patients seeking certification of a qualifying debilitating medical condition for purposes of obtaining a medical cannabidiol registration card. I understand that by checking the opt in box below, my name and practice address will be provided to patients upon request. I further acknowledge that I must notify the Iowa Department of Public Health, Office of Medical Cannabidiol in the event I choose to withdraw this authorization at a future time.*

Opt in selection ☐ (check this box and sign below if you are opting in)

Health Care Practitioner
Signature

Date of
Signature